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ABSTRACT

Psychologists have expanded their role by becoming consulting psychologists. New roles include assessment specialist, psychoeducational therapist, psychosituational assessor, curriculum developer, and program evaluator. A lack of consensus exists regarding norms for individual work situations. To investigate this issue, 177 randomly selected consulting psychology division members of the American Psychological Association were asked nine questions concerning their perceptions of ethical and role boundary issues. None of the items was perceived by the respondents to be highly appropriate. Functions reported to be of least importance were sharing confidential data, partisan involvement in organizational politics, and documenting evidence for firing employees. Functions considered most important were helping clients with problems unrelated to work, taking a therapist role with the client, making decisions as to what actions clients should take, and giving negative feedback to a client's employer. Limitations of the study include the low response rate (44 percent), possible newcomer bias, and an uneven response rate from different areas of psychology. Four pages of references are included. (ABL)

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Consulting Psychologists Perceptions of Role Boundaries and Ethical Issues

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During the past three decades, consultation has experienced rapid growth as a professional field as demonstrated by its increasing use in and by both profit and non-profit organizations and a burgeoning scholarly literature. Growing numbers of professionals from fields such as management, communications, business, sociology, and social work (Takunaga, 1984; Glauser & Axley, 1983; Gallessich, 1982) have been able to diversity their work and increase their earning power by serving as consultants. Many psychologists have also extended their services and adopted a diverse set of roles (Illback & Maher, 1984) including assessment specialist, psychoeducational therapist, psychosituational assessor, curriculum developer, education and trainer and program evaluator(Gallessich, 1982).

Norms and expectations for role behavior of consultants have been derived from many sources including professional organizations, trainees, personal role models, the history of particular organizations and state and national sources of sanction (Illback & Maher, 1984). However, there is only a moderate consensus among these sources regarding norms and individual work situations (Reschley, 1976). As a result of this lack of consensus, considerable confusion exists among psychologists and consumers concerning consultants' role functions, role expectations (Steinberg & Chandler, 1976) and boundaries (Gallessich, 1982). The following questions remain unanswered; whose agent is the consultant, to what extent are consultants responsible for consultees' decisions and actions, what is the place of the consultants' political values (Gallessich, 1982), who is to be included in the consultation

and how much attention should be given to external stakeholders (sponsors, clients, etc.) (Tukunaga, 1984). These issues are salient in all consultation because of inherent conflicts between and within group, staff members, administrators, boards of trustees, and consumers on the exact nature of organizational goals and the best means for reaching them (Kouzes & Mico, 1979).

The consultation literature indicates that the lack of consensus regarding roles creates problems for consumers (organizations, individual clients), practitioners, and researchers and trainers. Gallessich (1973) pointed out the confusion for practitioners when the term consultation is so loosely used that it could mean testing, conducting workshops for faculty, working with personnel in preventive mental health and planning research activities. Similarly, Reschley (1976) reported that school psychologists use the term consultation to refer to practically any form of service or intervention; its usual connotation was expert advice. Reschley also identified at least four roles for consultants, depending upon the type of consultation model used (i.e., mental health, behavioral, organizational or Adlerian. Schmidt and Osbourne (1981) discovered that counselors in the foeld do not make a distinction between counseling and consulting. Orlando (1981) reported in a counselor association newsletter that the "counselor-as-a-consultant" has become a euphemism for the "new counselor", usually the one or two that are now at a school that used to support five or six (p. 2) cited in Umansky and Holloway (1984). Superski (1982) concluded that role confusion and role

ambiguity occurred when consultants are unsure of their roles or have to deal with conflicting role perceptions. In addition, Perman (1977) and Illbach and Maher (1984) state that conflicting role perceptions cause "overism" or stress - doing too much, too soon without acknowledging the limitations of a consultant's abilities and without assessing the impact of the intervention.

The second problem area pertains to the organization. Most consultants enter organizations in the role of change agents (Gallessich, 1982). They act as organizational role boundary professionals (Jerrell, 1976; Illback & Maher, 1984) whose purpose is to help organizations increase their effectiveness, to increase their coping capabilities and to maintain organizational integrity and prevent severe deterioration (Gallessich, 1982). In order to help organizations, role oundary professionals must have multiple roles. They must identify, assess and adapt to various settings, expectations, rules and procedures. They must interact with various personnel in a range of organizational work units within the organization and other community systems. Clearly, such interactions require crossing various physical, temporal and normative boundaries. Since norms and role expectations for consultants are not always clearly defined, role conflict (Robinson & Gross, 1985) and stress can result (Illbach & Maher, 1984).

A third problem revolves around the area of research. Knowledge gained through research is an invaluable service to the consultant who is helping organization make decisions (Robinson & Gross, 1985). However, Cardaleen (1984) found that

psychologists' boundaries in theory research and practice, encompass a wide range of behaviors. Roles often cut across all major theoretical orientations and regulatory agencies. Consultation roles are also defined differently across research areas (Dustin & Ebly, 1985). Studies have also differed according to specific definitions and models of consultations implemented and evaluated (Medway, 1979). Moreover, many consultants are uncertain as to whether their primary commitment is as a consultant or as a researcher (Robinson & Gross, 1985) and they are unable to create research relationships with participants. Strict adherence to research methodology has been lacking in many studies, limiting generalizations about various role and boundary issues in consultation.

There are many other problem areas for consultants, in addition to the ones mentioned above (i.e., supervisor versus subordinate, public versus private interests) that involve crossing role boundaries within organizations, as well as across organizations and other community systems. Since norms and roles are not clearly defined, a considerable amount of role conflict exists (Mirvis & Seashore, 1979) and there are numerous consultant behaviors which fall into gray areas where opinions differ about what constitutes acceptable and unacceptable practice. When consulting psychologists cross boundaries, they often face ethical dilemmas without clear decision-making guidelines provided by their profession (Tymchuk, 1982). As a result there has been growing concern for the rights of consultees.

According to Mirvis and Seashore (1979), psychologists have

the most richly documented ethical guidelines, as well as institutionalized agencies for surveillance on practice and resolution of public complaints. The current documents of APA (1963, 1967, 1973, 1975, 1981), however, have evolved largely from clinical and counseling practice; from research with unorganized subjects, and from a preoccupation with collegial relationships; they do not adequately address ethical issues that arise in the context of organizational settings.

Ethical issues facing consultants are especially serious because of the numbers of people affected by their ethical principles (Gallessich, 1982). When dealing with individuals in organizations, in their normal role relations with others, ethical dilemmas arise from the consultant becoming entangled in a network of multiple roles and in the ambiguous and conflicting expectations deriving from them. Because clear consultation definitions, standards and roles are lacking, many otherwise qualified individuals are not aware when an ehical dilemma is present or, if aware, do not know what response would be most appropriate (Gallessich, 1982). Thus, it is clear that consultants, like other professionals need an ethical code to ensure that their services are ethical and competent.

The profession has sufficient knowledge accumulated through decades of practice to identify common ethical dilemmas and to establish working principles. Yet, an examination of consultation textbooks indictes that the profession is surprisingly unconcerned about ethical issues (Gallessich, 1982; Robinson & Gross, 1985). Moreover, Welfel and Lipsitz (1984) in a broad view of the psychological literature, found no empirical

studies of the ethical behavior of counseling, clinical or school psychologists engaging in consultation. Furthermore, no professional organization has developed or adopted an explicit set of principles for consultation (Robinson & Gross, 1985). However, a few researchers have identified specific areas of ethical concern, illustrated examples and proposed tentative methods of resolution.

As early as 1959, ethical issues related to consultation with groups and organizations were discussed in the Journal of Social Issues. Benne (1959) talked specifically about ethical problems in group and organizational consultation and identified areas of concern including expectation, flexibility, integrity, role overlap, and intrusion of civic or personal morality. In addition, Benne stressed the need for an ethical code which would prove useful for consultants.

Other investigators have attempted to identify areas of ethical concern for consultants. Benne (1969) stressed preservice and in-service training issues. Walton and Warwick (1973) discussed the issues of client determination, power implications, norms of responsibility, and client rights. Perman (1977) identified eight areas of conflicting values and ethical concerns in community consultation (i.e., community participation, politics, minority groups). In response to the growing field of Human Resource Development, Pfeiffer and Jones (1977) identified 19 issues pertaining to human relations conculting. Becker and Glaser (1979) in a comprehensive study of distinguished organizational consultants identified 19 ethical pitfalls. Twelve speak directly to the issue of

consultant versus client/consultee needs and purposes (Robinson and Gross, 1985). Davis and Sandoval (1982) explored areas that create problems for school consultants and presented six issues that are likely to occur during a professional career. These included confidentiality, values and boundaries. More recently, Takunaga (1984) compared ethical issues in two different contests; human service delivery and organization. He discovered that similar problem areas exist within these settings (i.e., conflict between values of the consultant and those receiving the intervention.) All of these investigators have identified a broad range of ethical issues including confidentiality, social-political values, role boundaries and contractual clarity). However, most of this research has remained at the conceptual level. In short, researchers within consultation have not begun to empirically explore these ethical and role boundary issues among consultants in different settings.

In contrast, others have taken a more radical approach and proposed methods of resolution for ethical dilemmas. Fanibanda (1976) in an effort to define the goals of mental health consultants and to clarify role boundary and ethical issues modified the "Ethical Standards of Psychologists" (1963) and presented seven new principles to guide consultants' behavior; responsibility, autonomy, client and consultee welfare, misrepresentation, renumeration, consultant-consultee relationships and confidentiality. Gallessich (1982) took the position that a consultant code of ethics is urgently needed and outlined a 28 principle code that could be used as an interim

guide for practitioners across professions. This interim guide was derived from previous recommendations of Benne (1959, 1961), Pfieffer and Jones (1977), and Lippitt and Lippitt (1978), as well as from existing guidelines from professional associations such as APA and the American Society for Training and Development. Unfortunately, this ethical code nor any other one has been adopted by any professional organization.

Other investigators have related the conflict over boundaries of the consultant role and the inconsistency in ethical decision making to education and training of psychologists (Tymchuk et al., 1979; Splete and Bernstein, 1981; Crego, 1985). Presumably, psychologists are prepared to make ethical decisions and identify role boundary situations by their graduate training, subsequent experience and utilization of the various American Psychological Association standards. However, a review of the literature indicates that there is considerable variability in ethics training in psychology.

A survey of chairpersons of clinical psychology programs (Tymchuk et al., 1979) revealed that 94% of the programs provided some kind of graduate level training in ethics. Yet, there was considerable variation in both the format and content of ethics training as well as a lack of familiarity with and adherence to American Psychological Association standards. Another study by Tymchuk (1982) indicated that 67% of APA approved clinical programs offered formal courses in ethics. Ninety-nine percent of the psychologists' indicated familiarity with ethical standards, but 58% believed that they were not well enough informed about ethical standards in psychology and 89%

felt that training in ethics should be required of all psychology graduate students.

Variability also appears to be the rule rather than the exception in consultation. Kaplan and Brown (1983) reported that 95% of the 43 counseling psychology program directors who responded to their survey indicated that coursework in consultation and outreach is available to students. Similarly, Gallessich (1982) reported that "the training for consultation in the mental health profession is still more fully developed than in other professions (Robinson & Gross, 1985). However, Splete and Bernstein (1981) discovered that 95% of 144 counselor training programs offered some training in consultation but the material in consultation comprised only 15% of the training program. Only 33% of the programs offered separate courses in consultation. Crego (1985) concluded that "the failure of professional organizations and goups to develop explicit principles for specialities resides clearly in the area of education and training of consulting psychologists. Training in consultation has been haphazard, uneven across specialty fields within psychology, and unguided by education and training standards such as those employed within accredited specialty fields; clinical, school or counseling psychology." Furthermore, no one has empirically investigated the relationship between training in ethics and the variability in views of ethical and non-ethical conulting practices.

The major goal of this study was to obtain practitioners' perceptions of role boundary and ethical issues. A second goal was to obtain their ideas regarding preparation for competent

ethical consultation.

Method

The information used for this paper was obtained from a comprehensive survey mailed to 400 randomly selected APA Division 13 members (Consulting Psychology) in the Spring of 1984. Survey items relevant to this paper dealt with respondents perceptions of ethical and role boundary issues. Initial follow-up mailings yielded a final response rate of 44% (N=177). Some respondents did not answer all the survey items, thus the sample size varied for specific items.

Results

Respondents were asked nine questions concerning consultants' role boundary and ethical issues. They were asked to indicate on a five-point scale the degree to which certain functions might be appropriate during consultation; a response of five indicated that it was often appropriate, whereas a response of one indicated that it was never appropriate. Table One summarizes the responses to each of the nine items. These functions are rank-ordered according to the degree to which respondents considered them appropriate (from highest to lowest mean). None of the functions were perceived to be higher appropriate. Item two, "Consultant helps with problems unrelated to work" was considered to be the most appropriate function (M=3.04). Sixty percent of the respondents (N=97) gave this function a rating of 3 or higher. Item eight, "Consultants take a therapist role" was ranked second (M=2.73). Fifty-five percent (N=77) rated tis item 3 or higher. Item one, "Consultants make decisions as to what actions clients should take" followed item eight (M=2.69). Fifty-two percent (N=73) rated tis item three or higher. Item seven, "Consultants give negative feedback to client's employer" was fourth (M=2.50) followed by Item four, "Consultants recommend actions or decisions consistent with their social/political values (M=2.37). Item three, "Consultants reveal their social/political values (M=2.30) and Item six, "Consultants help clients document evidence for firing unwanted employees." Finally, the functions that were rated least appropriate were Item nine, "Consultants take a partisan role in the politics of

client's organization" (M=1.48) and Item five, "Consultants share with client (M=1.29)."

Respondents were also asked to list other important role boundary and ethical issues in consultation. The most frequently reported issues were boundaries of the relationship between client and consultant, preservation of organizational confidentiality, role confusion, allegiance to individual clients or organizational administrators, sharing data and establishing ethical contracts. Others cited power issues, sexism, identification of the client in a large organization.

In addition, respondents were asked to rank order ethics among a list of twenty-seven topics they would include in a consultation course. Respondents to this item made value rankings according to a five-point scale with five indicating a very important topic. Interestingly, the topic given the highest ranking by consultants was Ethics of Consulting (M=4.45). Sixty-seven percent (N=93) of the respondents believed that a course in ethics would be most valuable in preparation for consulting.

Discussion

The major finding in this study is that there is a general consensus regarding boundaries of the consultant role. The responses indicate that, except for item 2, this group considers the functions listed in the survey to seldom be appropriate.

The functions that are considered least appropriate were: sharing confidential data, partisan involvement in organizational politics and documenting evidence for firing employees. The general consensus demonstrated by these low means and small standard deviations suggest that the respondents rarely saw these as appropriate functions in consultation.

The respondents to this survey also expressed the desire to become more knowledgeable about ethical issues. This finding suggests that many respondents have limited training in ethics and lack exposure to existing guidelines.

Results of this survey have a number of important implications for the consultation field. However, it is also important to recognize and address the limitations of this study pertaining to generalization of the results. Although the present study contained the largest number of responding consulting psychologists to date, the low response achieved cannot be ignored. It is very likely that the consultants who did not respond may have been unable or unwilling to participate in the survey. Some of these individuals may have been the most active in consultation and thus not had time to complete the questionnaire. If their responses had been included, they might change the results. Another limitation relates to the first one. Some of the respondents have been consulting for less than

ten years which may cause a "newcomers bias" in the results. A third qualification pertains to the uneven response rates of individuals from ifferent areas of psychology (counseling, clinical, community organizational, etc.) and from different types of work environments (private organizations, public human service agencies, academic research institutions). These subgroups were not compared and it is possible that significant differences exist among the subgroups which may affect the results. Therefore, readers should be cautious about making causal generalizations since the results were obtained from different subsamples of consultants with different backgrounds and levels of experience.

Despite these limitations, the survey has provided interesting information about the training of members of APA's Division 13, Consulting Psychology and identified their positions regarding certain functions involving ethical and role boundary issues. Research is needed to identify other important ethical and role boundary issues and to explore possible relationships between these issues and experience, work environment, training background, and theoretical orientation of consultants. Investigation of these interactions should shed light on critical variables that highlight ethical behavior in consultation and facilitate the development of comprehensive decision-making models that can be applied to situations as they arise.

Table 1

Means and Standard Deviations

Ethical and Role Boundaries Issues in Consultation

Function	Mean	SD	(Rank)
Consultant helps client with problems unrelated to work	3.04	1.16	1
Consultant takes a therapist role with client	2.73	1.21	2
Consultant makes decisions as to what actions clients should take	2.69	1.20	3
Consultant gives negative feedback to client's employee	2.50	1.23	4
Consultant recommends actions or decisions consistent with his/her social or political values	2.37	1.13	5
Consultant reveals his/her social or political values	2.31	1.00	6
Consultant helps client document evidence for firing an unwanted employee	2.00	1.09	7
Consultant takes a partisan role in the politics of client's organization	1.48	.77	8
Consultant shares with manager (client) confidential information obtained from the latter's employee	1.29	.615	9

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